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ORIGINAL DEPARTMENT.

Communications.

INSTRUMENTAL DIAGNOSIS.

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(Continued from page 205.)

IV. OPHTHALMOSCOPIC CHARACTERS OF THE  
DISEASES OF THE SCLEROTICA.

The strong external or investing membrane of the eye-ball enjoys a comparative immunity from disease; indeed, it may be almost said that it is never the seat of idiopathic inflammatory action, the changes of this kind that have been observed in it having extended there from the contiguous or continuous structures. This transference of morbid action is quite common, and in some cases the phenomena of inflammation are sufficiently prominent in the sclerotic as to justify us in establishing scleritis as a specific disease.

1. Scleritis or Sclerotitis.

Scleritis presents itself to the observation of the surgeon under two forms. The first is quite superficial, and in some cases so little marked that it remains undiscovered during life unless it has involved such great changes in the sclerotic as to lead to atrophy or staphyloma by which it can be recognized.

It is commonly restricted to a very limited extent of the exterior surface of the sclerotic, and is marked by the appearance of little whitish elevations beneath the conjunctiva, arising from the proliferating scleral connective tissue over the region of the ciliary muscle. These elevations imbedded in the superficial layer of the sclerotica are the sources of irritation, and will therefore be attended by more or less conjunctival inflammation, so

that after some time the whole adnata or white of the eye becomes red. Sometimes the proliferation is confined to one or two spots of the sclerotica, generally just below the extremity of the external rectus, at others the process goes on to suppuration, forming small conjunctival abscesses which rapidly spread, and in time so impair the sclerotica as to lead to the production of partial staphyloma or prolapse of the uvea. Photophobia and severe pain in the eye and orbit are the subjective symptoms which mark this stage of scleritis.

But the disease may, instead of running this damaging course to the eye, recede, or the little elevations upon the sclerotic may retrograde to cartilaginous or calcareous masses.

In the second form of scleritis, or that in which inflammatory action has invaded the ciliary body and choroid as well as the sclerotica, we shall have the pathological conditions to be now considered in the next article.

2. Sclero-Choroiditis.

Sclero-choroiditis is specifically characterized by the occurrence, as the name indicates, of inflammation, (generally of a chronic form,) in both the sclerotica and choroid, and by giving rise to staphyloma of these membranes, either partial or general.

The inflammation by impairing the organic integrity of these structures, lessens their power of resistance, so that if the intra-ocular pressure remain normal the membranes must yield outwardly and establish what is known as sclero-choroidal staphyloma. This result will more surely ensue if the intra-ocular pressure is increased by a more abundant formation of the humours of the eye and a more energetic action of the recti muscles.

There may be a general expansion of the sclerotica and choroid, or the disease may be limited to a zone of those membranes, causing partial staphyloma. In the latter case, it is

designated as anterior, lateral, or posterior, according to the position of the protrusion.

The projection of the weakened and usually thinned ocular walls in partial staphyloma occurs under the form of small transparent tuberose elevations, varying in size from a large shot to that of a bean, of a bluish color, and either smooth or indented upon the surface by fibrous bands, giving the growth, in the latter case, a resemblance to a bunch of grapes. It is from this circumstance that the term staphyloma is derived. In some cases the elevation of the sclerotic is more general, occupying a larger surface, and as regards shape, engrafted upon the surface much in the same manner that the crystal is upon the face of a watch.

The staphylomatous dilatation is the seat of inflammatory products occupying its walls and cavities, consisting of the detritus of the proliferating sclerotic and choroidal tissues, and a thin watery fluid. The retina is sometimes separated from the choroid and stretches across the interval of the edges of the dilatation, but more frequently remains adherent to it, and participates in forming the walls of the staphyloma.

A curious form of this disease called annular staphyloma is produced by the giving way of the inner wall of Schlemm's canal, while the outer wall is dilated into a protrusion of an annular shape surrounding the cornea.

Partial staphyloma is usually the result of inflammation attacking a limited spot of the sclerotic and choroid; it has, in rare instances, followed a penetrating wound. When the inflammation involves the entirety of these membranes, general staphyloma is often the result, that is, the whole ocular periphery undergoes an expansion. The globe sometimes assumes an ovoidal form with the base of the ovoid at the foramen opticum, or anteriorly; sometimes it is compressed at the sides, determining a cylindrical shape, and at others the form is quite irregular.

This increase in size of the globe presses the eyelids forward, renders the eye very prominent and materially interferes with its free motions. The slight groove which naturally exists at the junction of the cornea and

sclerotic is effaced by the intra-ocular tissue which puts the ciliary processes and adjacent structures upon the stretch, and by diminishing the thickness and opacity of the sclerotic in proportion to the amount of extension, the deep color of the choroidal pigment shines through the membrane giving the whole surface of the adnata a bluish color.

The anterior chamber if it be not already destroyed and replaced, as is sometimes the case, with cicatricial substance, is enlarged in all its dimensions, the iris hanging loosely, with the pupil often obstructed by exudations or unsupported by the crystalline lens whose attachments have been ruptured, permitting it to be displaced anteriorly, floats sluggishly and tremulously in the abundant fluid contained in that chamber.

While the inflammatory action is thus destructively at work in parts observable with the unaided eye, the interior structures do not escape participation. The ophthalmoscope displays pigmented and atrophic changes in the choroid and retina; the refractive media, especially the posterior portion of the vitreous humor, becomes fluidized and flocculent.

In the course of the disease if no amelioration be brought, and in the majority of cases none can be, suppuration of the interior of the eye occurs, sight is completely abolished, and the globe atrophies. In some cases the walls of the staphylomatous eye give way, under the increasing pressure, and a portion of its contents is evacuated, occasionally attended with severe hemorrhage. This result may recur again and again before suppuration and atrophy do their work in ridding the globe of its contents.

We have already dwelt sufficiently full upon the ophthalmoscopic appearances presented in chronic choroidal inflammation, and they are the same that will be found in sclero-choroidal staphyloma, so that it will be simply necessary here to recapitulate the facts.

In posterior staphyloma the extension of the ocular walls will be marked upon the fundus by sharply defined and variously shaped spots, presenting a dirty whitish color and irregularly pigmented surfaces. The retina is often seen separated from the choroid, cloudy, atrophied and thinned, in some cases

even partially destroyed, what remains of it hanging in ragged fragments from its attachment to the optic disc posteriorly.

In general staphyloma the pigment will be found more generally destroyed, being sparsely scattered over the fundus in clumps which themselves present unmistakable signs of retrogradative changes, degenerating into fatty matter. In a still later stage of atrophy, the lamina fusca, is much thinned, and the vessels of the chorio-capillaris and membrana vasculosa indistinguishable, so that the elastic membrane alone is perceived, thickened and usually covered with groups of choloïd bodies.

Opacities are present everywhere in the vitreous humor, often obscuring the fundus and sometimes completely shutting it out from view.

### 3. Sclerectasia Posterior.

Sclerectasia posterior is somewhat allied to sclero-choroiditis, in that in both of them there is staphyloma, but there is this great and marked difference between them, in the former, or sclerectasia, the staphyloma always originates from and is dependent upon congenital defect in the development of the posterior zone of the sclerotic and choroid, while in the latter, inflammation is at the foundation of the disease. They may also be encountered in companionship running their course in the same eye.

Sclerectasia is always located in the neighborhood of the optic disc, usually upon its temporal side, and is quite a common disease, having been stated to be the cause of four hundred and twenty cases of amblyopia in a thousand.

The point of defective development in which the staphyloma starts, is, according to ED. JAEGER, that small ring-shaped circle of the inner scleral fibrous layer, which closes anteriorly the interval between the two optic sheaths. As the disease advances, the yielding of this part proceeds upward and downward, and toward the posterior pole of the eye, until it assumes a crescentic shape, whose inner or concave margin borders upon the edge of the optic disc, while the outer one looks in the direction of the macula. The horns of the crescent are prolonged in time

till they meet, or they are at last joined by a staphylomatous patch which took its rise at the inner side of the disc. This fusion of the extremities of the crescent converts it into a band entirely surrounding the optic disc. Though this is the usual progress of the disease, it sometimes proceeds otherwise; the first staphylomatous patch, instead of extending more rapidly in a curved line coincident with the margin of the disc, spreads outward, in the form of a horizontal band, toward the macula.

Upon the convex border of the crescent may be seen, in some cases, other smaller white patches, which make a junction with themselves and with it, so that this border is no longer regular and sharply defined, but notched or jagged. This circumstance is important, as it indicates that the disease is advancing.

As the yielding of the posterior zone occurs only antero-posteriorly, the vertical and horizontal diameters remain the same, the fundus acquires either a flatter or a conical shape, depending upon the manner in which the inner scleral fibrous layer gives way. The same result, however, follows—a lengthening of the optic axis, shoving the retina behind the normal focus, and thus producing consequent myopia. As the optic disc is upon one of the declivous sides of the cone, it must also necessarily be displaced obliquely to the optic axis, unless, as sometimes happens, the nasal and temporal cones make the same progress, when the disc will be simply shoved backward.

The extension of the posterior zone implies a thinning of the sclerotic, which will be attended with a bluish reflection, the optical expression of that change. It is the choroid, however, which presents the greatest amount of morbid alteration. Its pigment first begins to pale, and finally disappears from the crescentic patch, while upon its outer margin it collects in greater abundance than natural, under the form of a dark-brown curved line, conveying the impression that the pigment has been seemingly swept away from the cleared space and heaped up in the new position. It is sometimes the case that specks of pigment will be observed upon the white sur-

face of the crescent, especially at the point of entrance of the posterior ciliary arteries. The vessels of both the corio-capillaris and the membrana vasculosa will share in the atrophic degeneration, and waste until they are quite indistinguishable. At this period of the disease nothing remains of the ocular coats at the white patch but the thinned sclerotic covered by the retina, so that the ophthalmoscope reveals the white color of the sclerotic so strongly and characteristically, that in no disease of the eye do we have any reflection from the eye that can be mistaken for it.

This increased brightness of the sclerotic enables the retinal vessels to be seen with great distinctness running across the surface of the crescent, and the contrast with the balance of the fundus is so great, that when the vessels pass into the adjacent more highly colored and healthier structures, they are obscured.

The degree of the staphyloma is not to be estimated by the apparent size of the crescent, as that is exceedingly fallacious. In order to see the whole extent of the disease at the first glance, it would be necessary for the pigment to be destroyed, which, however, does not occur so rapidly as the changes beneath it are taking place. This difficulty can be overcome in a measure by attentively observing the fundus while the ophthalmoscopic image of the flame is thrown upon any given point, which will then be seen by reflected light from the surface of the choroid, while the adjacent parts, which also send back rays, will be seen by transmitted light, coming from the depth of the choroidal stroma, which may now be readily examined.

In this manner choroidal changes may be perceived to have taken place often to a considerable distance beyond the border of the crescents, and thus, instead of one, two and even three concentric crescents are observed.

From the change in the position of the optic disc already mentioned, it occasionally appears to possess an oval contour, which is simply an optical illusion, due sometimes to the fact of its displacement, and at others either to the overlapping of the choroidal pigment upon the edge of the disc, or the

pigment approaches nearer the centre of the disc than it does above or below, giving it an elliptical shape, with its long axis vertical.

Not uncommonly, spots of extravasated blood are seen here and there over the fundus, especially in the neighborhood of the macula lutea, and they then impair the power of vision very greatly.

Other complications, such as separation of the retina, glaucoma, cataract, choroiditis, sclero-choroiditis, and hyalitis, with attendant opacities in the vitreous, are sometimes encountered in the progress of the staphyloma. The detachment of the retina is a very serious modifying condition, impairing the vision of both eyes; it can readily be distinguished by ophthalmoscopic characters already described.

In old patients, who have labored under staphyloma for an indefinite time, VON GRAEFE has observed the occurrence of lateral contraction of the field of vision, with increasing weakness of sight, and in such cases he usually found evidences of increased intra-ocular pressure, as denoted by hardness of the globe and cupping of the optic disc. The excavation is never so marked as in cases in which there is no staphyloma, for the reason that the increased pressure upon which it depends cannot attain any considerable degree with a yielding sclerotic. This condition leads to great contraction of the field of vision, sometimes laterally, at others concentrically, and may finally abolish sight altogether.

The occurrence of choroiditis upon posterior staphyloma is indicated by the appearance of whitish specks of effused matter over the fundus, particularly in the neighborhood of the macula, which unite together and finally meet the border of the staphylomatous crescent, altering the ophthalmoscopic features very much. There ensues in fact, from this coalescence of the results of the two diseases, a large whitish patch surrounding the optic disc, with its surface variously modified by little heaps of pigment and spots of extravasated blood.

Sclero-choroidal inflammation may be engrafted upon the posterior zone of the sclerotic, under the influence of which the poste-

rior staphyloma will rapidly increase its dimensions, not, however, retaining its characteristic crescentic shape; its margins will spread irregularly until the optic disc becomes surrounded by an irregularly bordered white surface.

The opacities in the dioptric media sometimes found in alliance with the staphyloma consist in a turbidity of the vitreous humor and posterior polar cataract.

Various opinions have been held as to the nature of sclerectasia posterior, but the most reasonable one appears to us to be that one which accounts for the disease by defective development of the sclerotic and choroid near the optic nerve; this portion of the posterior zone gives way under intra-ocular pressure, whether normal or increased by the energetic exercise of the recti muscles in endeavoring to effect accommodation for near vision. The first indication of the existing condition is often recognized in infancy, and either proceeds rapidly and attains a high degree in a short time, or runs a slower course, months and years elapsing before much progress is made; indeed, it may remain stationary at birth, or at any other period of life.

[To be continued.]

**CASE OF CÆSAREAN SECTION IN WHICH  
THE ABDOMINAL PARIETES WERE  
DIVIDED BY MEANS OF VIENNA  
PASTE.**

**REPORTED BY MELANTHON L. RUTH, M.D.,**  
Assistant Surgeon U. S. Navy.

The operation of Cæsarean section with the knife has, up to within a very few years, been regarded as the only remedy for the extraction of the result of an abdominal or tubal pregnancy.

In the vast majority of cases, however, where this operation has been performed, either for malformation of the pelvis or for the causes above mentioned, the result has been fatal to the patient.

To Dr. DE PAUL, of *L'Hôpital Clinique de la Faculté*, Paris, is due the honor of making the first step in a new direction.

During the latter part of June, 1866, a woman was brought into the accouchement

ward of the Lying-in Hospital. The usual examinations were made, and an abnormal condition discovered.

Carrying the examinations still further, it was found that the patient was in the sixth month of her pregnancy, and that instead of the fetus having developed within the uterus, the ovum had become arrested in the right Fallopian tube, had become impregnated there, and development had gone on to the sixth month.

Auscultation failed to detect any heart sounds; the tumor had ceased enlarging some weeks previously, and all the data led to the supposition, which afterward proved correct, that the fetus was dead.

The patient, a country woman, at 35, was not robust; her constitution undermined, and her general health evidently much impaired by the presence of this abnormal pregnancy. She was rapidly sinking, and her condition demanded that something should be done at once for her relief.

To extract the dead mass, it was manifestly necessary that the abdominal parietes should be cut through. Formerly, this operation had always been performed with the knife, and the peritonitis set up by the incision had almost invariably carried the mother off in a variable period.

Dr. DE PAUL, in a short lecture to the class, explained the character of the case, and stated that death has ensued after each of his operations in similar cases.

He had, however, determined to operate on this patient not with the knife, but by means of an escharotic, hoping that by inducing a gradual local inflammation, he might succeed in obviating the hitherto universal peritonitis.

Having determined on this plan, the patient was put upon the usual preparatory treatment, her general health improved, and by the timely use of tonics and stimulants, her system brought to a point where the operation would be practicable.

June 24, 1866, the first application was made. A piece of common adhesive plaster with an elliptical opening four inches in length, and in its greatest diameter half an inch, was closely applied over the most promi-

next portion of the tumor. On the naked surface thus exposed, a thin coating of Vienna paste, (*caustique de Vienne*,) was applied.

The patient, under this first application, suffered greatly, and at the end of three minutes, her outcries became so terrible and her agony so manifest, that the escharotic was removed, and the burn dressed with the usual applications.

June 25th. An eschar had formed, the slough extending through the cuticle and true skin. No paste was applied this day, the usual applications continued, and stimulants administered to the patient.

June 26th. The second application of the paste was made and continued for seven minutes. Although manifesting some pain, the suffering of the patient was not comparable to that of the first day.

June 28th. The caustic had now eaten through the oblique muscles and down to the transversalis fascia. The parts were healthy, and no internal inflammation was appreciable. The escharotic was again applied and left in contact for five minutes. This application was attended with but little pain, and the patient seemed to be in a most excellent condition for the final success of the operation. The same treatment was continued.

June 29th. The dressing having been removed, an opening through the abdominal walls was discovered. This was enlarged by the finger, the parts being disintegrated by the action of the caustic. From this opening, by careful manipulation and dismemberment, a fetus of normal size was abstracted. The cavity being cleansed, an examination showed that an agglutination of the parts had been effected, the inflammation being local in its character, and not extending to the peritoneum. The patient was calm, pulse normal, no pain, and no symptom of distress. A poultice was now applied, and the patient left under the care of the *internes*.

July 3d. The patient had progressed favorably up to yesterday, when there was a slight retrogression. A full dose of opium was now exhibited, with a decided improvement in her condition. An examination of the parts presented a clean and healthy granulat-

ing surface, the edges of which were approximated by means of adhesive strips.

July 6th. The patient still improving. Appetite good, patient in excellent spirits, and no untoward symptom whatever present.

July 11th. She is now able to sit up in her bed. The wound is nearly closed.

July 20th. Patient feels comfortable, no pain; the wound but superficial, and rapidly healing.

July 24th. Unfortunately for the result of this case, the cholera made its appearance in this hospital, and among the other victims carried off this patient. She had, however, so far progressed, that there was no doubt, had it not been for the epidemic, she would have been discharged from the hospital in a very few days cured.

The success of this unique operation leads to the hope that in similar cases the application of Vienna paste may be resorted to with success.

#### PROPRIETARY MEDICINES.

By J. R. MAGENISS, M. D.,  
Of Indiana.

By your kind invitation, I proceed to offer my views relative to the origin and perpetuation of proprietary medicines, and indeed of quackery generally; and also suggest what I conceive to be the only remedy for its attendant evils. In doing this I shall be compelled to invade consecrated ground, and shall dare tread where none have preceded me that I am aware of. Consequently, my positions may prove novel and unpalatable to a large number of the profession. Nevertheless, if they elicit discussion, and this develops truth, I shall have accomplished my purpose, and trust it may redound to the good of the profession and public.

In all ages quackery has ever been a parasitical growth upon the regular profession, nourished by its *ignorance and unwise legislation*. The rivalry of medical schools has reached a point at which every appliance is put into requisition to increase the number of their pupils, to the utter neglect of every other consideration. Talent and education

dwindle into insignificance when compared to the great desideratum of collecting a large class, particularly *the graduating department*, where names are enrolled known to belong to fools at home, and to men entirely devoid of general information, and grossly ignorant of their vernacular tongue. To such an extent is this the case that an equal number of young men taken from the walks of commercial life indiscriminately, would compare most favorably, in point of intelligence and intellect, with any graduating class annually sent forth duly authorized to administer medicines of which they know but little, to cure diseases of which they know less. Is it strange, then, that the irregular physician and shrewd nostrum vendor should cure diseases which have baffled the skill of such M. D.'s and gain a foothold where they fail? Surely not. Why are such men graduated? Merely to send them home in a good humor to encourage other dolts to contend for diplomas so easily obtained. I unhesitatingly assert that there is infinitely less danger in nostrums than in such doctors; and, indeed, the patent medicine man is a blessing to any community afflicted with such wiseacres. Then I contend that it has been the course pursued by the medical schools which has attracted to the profession this class of practitioners; and it seems to me that the denunciations of quacks and patent medicines will continue to come, with bad grace, from the friends of such schools, until they learn to reject and discourage such pupils, and elevate their standard of qualification for medical honors.

This brings me to my second position, to wit, *unwise medical legislation*. It is singular, that notwithstanding medicine has kept pace with all other sciences in this unprecedented age of advancement, the profession should still cling to a code of ethics as little suited, in many respects, to the times and state of society as would be the laws of the Medes and Persians. Its rigid and arbitrary rules frequently cause delays, and as often compel the regular physician to decline consultations which may involve the safety and cost the life of the ignorant and unfortunate patient who has called in the irregular practitioner, and

many favorable opportunities are thus lost to the skilful medical man of triumphing over ignorance and putting quackery to flight. By this code no physician is permitted to advertise, and in this way present his claims to the confidence of the people in an intelligible manner. It matters not what his acquirements may be, he must keep it a profound secret, and wait patiently in his office for some fortuitous circumstance to occur, which perchance may develop the fact that he is qualified to practice his profession. And in this way the entire leverage of the mighty printing press is thrown into the hands of the impudent mountebank, who feasts merrily on the credulity of the public.

The young lawyer is not only permitted by the rules of his profession to give references in his card, but to volunteer in State cases and declaim before a crowded audience, and if he is a man of genius, a single effort is sufficient to usher him at once into a lucrative practice. But strange to say, medical ethics enjoin upon their votaries the strictest silence on pain of disgrace by ejection from all professional intercourse. The result is, that the accomplished young physician who has been educated up to a morbid sense of professional honor, shuts himself up in his *sanctum* almost afraid to put a modest sign at his door or card in a paper, for fear of being called a quack; and there pennyless waits for practice, or rather, for the community to smell him out, until driven by despair to some other employment, or perhaps to ruinous dissipation. But again, it has become very fashionable with the sticklers for the medical code to *sell partnerships*. If this is not making merchandise of the noble calling what is? Under this arrangement any young son of *Aesculapius* with not over a thimbleful of brains, but who is fortunate enough to be the possessor of a few thousand greenbacks, can go to the city, buy a partnership, and be immediately introduced by his established partner as one of the most skilful practitioners, and the lives of the people placed at once in his hands. But woe betide the poor but talented young doctor who goes with the expectation of rising by his native powers, there are no partnerships

for him, they are reserved for the next rich fool who may chance to hear of the fine inducements held out by the fraternity for his class. And in this way the brightest intellects are driven out and the people doomed to receive into their families and entrust their lives to men of the most ordinary capacities.

The specialist is also ostracized by the bigoted zealot of the medical code, although it should be apparent to every intelligent physician that the profession is more indebted to this class of practitioners than to any other for discoveries in the treatment of a large number of obstinate diseases, and that a physician can certainly become more proficient in any one class of diseases by devoting himself exclusively to their study and treatment than the general practitioner. This offence consists in advertising in order that the public may know something of his skill in his peculiar department. And it would be difficult to tell how it could be otherwise discovered before he would have ample time to starve.

The only reason given in what may be properly termed this antiquated code, for prohibiting the profession from the use of the public printing press, is, that it is the practice of empirics to advertise. This cogent argument would apply equally well in regard to eating, drinking, and sleeping, all of which should be done of course, in a different manner from that practised by quacks. But if the printing press enables the ignorant pretender to ride rough-shod over the scientific physician, what would it not accomplish in the hands of the latter? Would it not enable him to drive the former out of his neighborhood? Most assuredly it would. Then I contend that the only remedy for the evils of quackery is to unbind the hands of the profession, and permit it to defend itself with the deadly weapons now being used with such success by its enemies.

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M. GERVAIS, Professor of Anatomy and Zoölogy in the Faculty of Sciences in Paris, has been appointed Professor of Comparative Anatomy at the Museum of Natural History, in the room of the late M. SERRES.

## Medical Societies.

### PROCEEDINGS OF THE DEARBORN COUNTY, INDIANA, MEDICAL SOCIETY.

The Society met at Aurora, Aug. 11th, at 10 o'clock, A. M., the President, Dr. SUTTON, in the chair. Members present—Drs. Harding, Haines, R. C. Bond, Rectanus, Lamb, Bowers, Kyle, Craig, and Miller. Minutes of the previous meeting read and approved.

Dr. BOND introduced the subject of sunstroke, which was debated until 12 o'clock, when, on motion, adjourned for dinner.

Society met again at half-past one, P. M., and was called to order by the President. The subject of sunstroke was resumed and discussed at length.

Dr. KYLE brought before the Society a child affected with cerebral disease—producing want of co-ordination of the voluntary muscles.

Dr. BOND reported a case of *biliary calculi*, producing enlargement of the gall-bladder by obstructing the duct, which was debated by nearly all the members for some time.

From reports, the health has been remarkably good throughout the county, and a marked exemption from intermittents, notwithstanding the unusual amount of rain and moisture in the atmosphere.

On motion of Dr. LAMB, the Society adjourned, to meet at Lawrenceburgh, on the second Tuesday of December, at 10, A. M.

Ordered, that an abstract of the proceedings be furnished the county papers for publication.

C. B. MILLER, Sec'y.

### ACADEMY or MEDICINE or CINCINNATI.

The Cincinnati Academy of Medicine had a large meeting Sept. 7th, and considered some important questions.

Dr. UNZICKER, chairman of the Committee on New Remedies, made a report concerning the extent to which drugs used in prescriptions in the city are adulterated, which was quite startling in its character. This led to a discussion, which was participated in by several members of the Academy, whose common opinion seemed to be that the practice of using adulterated drugs in filling prescriptions was alarmingly prevalent and on the increase.

On motion of Dr. THACKER, Dr. UNZICKER was appointed a committee of one to represent to the Board of Health the sentiment of the Academy on this subject, and to recommend the appointment of an Inspector of Drugs.

The Treasurer having recommended the incorporation of the Academy, and the taking of steps to procure or erect a building for the permanent use of the Academy, as well as provide for the establishment of a library in connection therewith, the President was instructed to appoint a committee of three, to report a plan for carrying into effect these recommendations. The committee consists of Drs. Unzicker, W. B. Davis, and Dawson.

## EDITORIAL DEPARTMENT.

### Periscope.

#### The Use of Pepsine in the Diarrhoea of Infants.

Dr. J. S. HAWLEY, of Greenpoint, New York, has given much attention to the manufacture and use in therapeutics of pepsine. In a late *brochure* on its employment in Infantile diseases, he calls attention to its efficacy in diarrhoea. He says: "This simple but effective treatment is not new, but has more than once been presented to the profession for its approval.

In support of its efficacy, especially that portion which relates to artificial digestion, a few cases will be brought forward. The first case is one reported in the *Revue Medico-Chir. de Paris*, December, 1856.

M. X., aged four years, was admitted into the Hospital of St. Eugenie on the 23d of November, 1854, under the care of M. BARTHEZ. For many months this child had suffered from frequent diarrhoea, until it was emaciated and debilitated to the last degree. The appetite was voracious, and the stools contained much undigested food. In the first instance M. BARTHEZ tried the effect of properly adjusted diet, with small doses of trisnitrate of bismuth, but without avail. He then tried the pepsine, giving a dose (grs. v.) at the commencement of a meal composed of the ordinary food of the hospital. On the following day, (the 1st of December), the stools were of a better color, and in other respects more natural than they had been before; encouraged with this result, the same quantity of pepsine was ordered to be given before each meal.

Dec. 3d. No stool. This was the first day without a motion for many months.

4th. Still no stool. The pepsine discontinued.

5th. Two somewhat fluid motions, although there was no change in the diet. There was, however, no undigested matter in the motions. The child was much better in every respect.

Three weeks afterward the child was discharged cured. M. BARTHEZ, however, did not return to the pepsine, but contented himself with small doses of the trisnitrate of bismuth.

This case led M. CORVISART to try the effects of that remedy in the diarrhoea of very young infants.

2d Case. Alexander Lang, born on the 2d of August, 1855, was seized on the 25th of October with diarrhoea, after a very obstinate attack of erythema and eczema. This diarrhoea was accompanied with frequent hiccup and vomiting. On the 3d of November 8 grs. of pepsine were given night and morning. On the 4th, the same treatment was continued; and now the vomiting and purging have disappeared, the stools have become natural, the child takes the breast with avidity. The pepsine discontinued.

Nov. 22d. The vomiting and purging have returned. M. CORVISART has again had recourse to the pepsine.

23d. The vomiting and purging have ceased, and the stools are natural. From this time the little patient went on well.

M. CORVISART adds, that many cases of the kind have fallen under his notice, and that the acidified form of the pepsine, which he himself tried, was quite as efficacious in these cases as the neutral form proved to be in the hands of M. BARTHEZ.

The writer has been in the habit of administering pepsine in the diarrhoea of fed and teething infants for several years with marked success.

Notes of former cases have not been preserved, a few which have occurred in the last few days must suffice.

July 19th. Thomas Kennedy, aged 15 months, has had diarrhoea a week, is fed, passages watery, and contain undigested food.

R. Am. pulv. pepsine, sub. nit. bismuth,  $\frac{1}{2}$  grs. 5 every three or four hours.

This single prescription terminated the disease.

July 20th. John Kniester, aged 18 months, is teething, diarrhoea has existed ten days; passages very watery and frequent, and contain undigested milk.

R. Am. pepsine, sub. nit. bismuth,  $\frac{1}{2}$  grs. 5 every four hours.

This case was also relieved by a single prescription of ten powders.

August 2d. P. Quigley, aged 8 months, has had diarrhoea a week, and been treated by another physician by astringents and opiates without benefit.

R. Am. pepsine, sub. nit. bismuth,  $\frac{ss}{ss}$  3 in 10 powders, to be given every three or four hours.

This case also recovered completely under this single prescription.

August 5th. Mary Duryee, aged 11 months, has four incisors on each jaw, but no marked signs of the approach of other teeth. Has suffered considerably from diarrhoea for two weeks. On the 5th the diarrhoea increased alarmingly, accompanied by vomiting and great prostration, as well as pain. The vomiting was allayed with liq. bismuth, and the following prescription made:

R. Am. pepsine, sub. nit. bismuth,  $\frac{ss}{ss}$  3*ij.*, pulv. v. opii, gr. j., divided into 12 powders, and one given every two to four hours, according to circumstances.

This treatment, with slight modifications, according to pain or frequency of the discharge, has been continued to the present time, (Aug. 10th), with nearly complete relief to all the symptoms, and she is now out of danger.

August 5th. Robert Kelly, aged nine months, is teething, has had protracted diarrhoea and vomiting, is much emaciated, and passes large quantities of undigested milk, which are highly offensive. He had been for some time under treatment before coming to me. Pepsine and bismuth were prescribed in the usual manner, and continued three days, when the child died. It is to be noticed in this case that the coagulated milk disappeared from the stools on the second day, showing the efficiency of the pepsine.

The only remaining case to which I will allude, is one rather of infantile inanition than of true diarrhoea.

July 28th. D. N., an infant two weeks old, said to have been born in a plump and healthy condition. Its present state is one diametrically opposite. Its face is thin and skinny, exhibiting painfully the bony outline. It has thin, muddy, but not frequent alvine discharges, and vomits whatever it swallows, even to half a teaspoonful of its mother's milk. It lies stupid, with its eyes closed, and refuses the breast. It has also an intense muguet. In this extremity I ordered three grains of pepsine to be given every three hours, and half a teaspoonful of the mother's milk to be administered with great frequency. The following morning I found the mother, through utter hopelessness, had greatly neglected my directions. It was only through much persuasion and co-operation of a friendly neighbor, that she was induced to pursue the treatment. During that day the vomiting ceased, and on the

following day the child took the breast, and retained and digested its nourishment. From this day it steadily improved in condition, and its diarrhoea and muguet disappeared.

On the 8th inst., one week after my last visit, I was called to see its mother, and could hardly have recognized the infant, which so lately had seemed in the last stage of inanition. Its face had acquired a comparative fulness, its color was restored, it nursed well and freely, and seemed as likely to live and thrive as any infant. This child was simply starving to death. What led to its condition of inanition I could not satisfactorily learn, but its state seemed most hopeless. This case illustrates, in a remarkable manner, how little assistance will restore the digestive faculty to its normal activity, and enable it to perform its functions unassisted.

Without adding cases of a similar kind from our own experience, which would, perhaps, extend the list to a tedious length, we take pleasure in submitting the testimony of Dr. R. E. VAN GIESON in favor of the efficacy of the preparations of pepsine in the diseases under consideration. The Doctor, in furnishing us with his notes, remarks: "I have found pepsine peculiarly fitted for the treatment of that fearful scourge of children, cholera infantum, *after* the more profound and violent initial symptoms have been subdued by direct sedatives, such as hydrocyanic acid, ice, creasote, and the like. It has seemed to me that when the vomiting and purging have by such measures been arrested, that the whole gastro and intestinal tract is utterly incapable of assimilating even the blandest articles of aliment. We stand as it were between the danger of starvation on the one hand, and the peril of again irritating the intestines to the evacuation of exhausting discharges by the administration of food. Just here pepsine is *the* remedy. By its aid we can secure the digestion of food, which would otherwise irritate. So long as the stomach is disposed to remain quiet we need not feel alarmed, if for a day or two the discharges per rectum are somewhat frequent. An astringent and opiate suppository will control this, and in the meanwhile we are gradually bringing the intestinal tract to its normal condition, *i. e.*, digestion.

"Another great advantage arising from the use of pepsine in this disease has been rendered apparent by a careful comparison of cases treated by the most approved method in vogue some eight years ago. The medical gamut was then sedatives, opiates, astringents, tonics. It yielded good results, but the cases were a long time in getting well. There came a period when the

pernitrate of iron and the salts of quinia seemed almost powerless. This might be the third week or the third month in the disease. There was no particular irritation of the stomach, but unless the astringent was given with great regularity and in augmented doses, the discharges still continued. In these protracted cases, the gastro-intestinal system seems but a passive tube, through which the food passes pretty much as it entered the mouth, giving but little nourishment to the patient, and much annoyance to the atomized viscera. In these cases pepsine is very clearly indicated, and will slowly but certainly aid in the digestion of judiciously selected nutrient, until the system can recuperate sufficiently to manufacture its own pepsine, when the artificial substitute can be withdrawn. The annexed case illustrates the foregoing remark in a very clear manner.

C. H., aged 13 months, hand fed, chiefly on condensed milk for last ten months; central and lateral incisors through; first came under my care July 29th. Past history: Has been under treatment by another physician for a week. Was taken in the beginning with vomiting and purging, which were in a measure subdued by the treatment. The child was then pronounced better, and the visits discontinued.

Present condition: The child is much emaciated, face shrunken, and of that senile appearance so indicative of cholera infantum. The stomach is still irritable, and the bowels operate from five to eight times in twenty-four hours. Discharges similar to chopped spinach. The child craves drink constantly.

R. Bismuthi sub nit., pepsine, (American,)  $\frac{1}{2}$  j.; make xii. powders; S. One every three hours; ice-cold milk-punch every three hours.

30th. Discharges diminished, but still fetid. Thirst diminished, stomach less irritable, no vomiting during the night. Continue treatment, with addition of ice-cold mutton broth.

31st. Discharges diminished and less fetid, no vomiting; withdrew the punch, and substituted milk in barley water.

R. Pepsine,  $\frac{1}{2}$  j.; make xii. powders, and give as before, with plenty of open air.

Under this treatment the child has steadily improved. The discharges are growing firmer in consistency each day, and vary in frequency from one to three in twenty-four hours. The appetite being now fair, and the discharges nearly normal, the pepsine will be withdrawn, and port wine and tincture cinchona substituted.

Of course the writer does not intend to exalt pepsine to the position of a specific in infantile

diarrhoea. It is only claimed that its use is one step in the right direction; that it is capable of removing one of the principal predisposing causes, to wit: the impairment of the digestive function by the evolution which occurs at the period of dentition, and of preventing the irritation which attends the passage and decomposition of undigested food.

A favorite observation of the writer is to mark the disappearance of undigested food and fetor from the evacuations, feeling assured that so much, at least, is well and in the right direction, whether the case proceeds favorably or not. Many other considerations influence the course of the disease, and these indications must be met by their proper remedies, according to the judgment of the practitioner.—*Buffalo Med. Journal.*

#### Burin de Buisson's Ferro-Manganic Preparations.

(Extract from the *Vienna Medizinische Wochenschrift*, No. 83, 16th October, 1867.)

The ferro-manganic preparations and their introduction into therapeutics, are the consequence of numerous physiological observations.

The fact that iron is one of the normal elements of the blood, has been universally admitted since the demonstrations of MENGHINI, FOCK, and LAIBACH.

Now as SCHEELE's and GAHN's discoveries in 1774 showed that manganese is invariably associated with iron in organic nature, a suspicion arose that it existed also in organisms containing iron, and it was subsequently found, not only in a multitude of plants, but also in the blood, flesh, milk, etc., as a constant accompaniment of iron. FOURCROY and VAUQUELIN had already discovered manganese in bone ashes; afterward, in 1830, WURZE found it in calcined blood; MILLON in 1847, MARCHESAN in 1848, and lastly, HAMON in 1849, formally declared, after further diligent research, that manganese is the constant and natural associate of iron in the blood.

Finally, BURIN DU BUISSON, acting on the suggestion of Dr. PÉTREQUIN, undertook to verify these researches, and acquired the certitude, not only of the simultaneous presence of manganese with iron in the blood, but also found it even in healthy pus.

Such facts could not fail to lead to the inference, that as morbid elements are produced by the absence or deficiency of iron in the blood, the same effect must likewise occur with regard to manganese, and consequently, that whenever the exhibition of iron alone failed to

cure chlorosis, the sole cause was that these chalybeates could not supply the economy with the manganese which was wanting.

Repeated experiments soon confirmed the truth of these conclusions. Numerous analyses of the blood demonstrated that the diminution of the proportion of iron in the blood of chlorotic patients was in constant ratio with the diminution of manganese; and many obstinate cases of chlorosis, which had resisted all treatment with chalybeates, were completely cured by the ferro-manganic preparations.

These facts led Dr. HANON to the singular theory, which consisted in distinguishing two kinds of chlorosis,—one arising from a deficiency of iron, the other from a deficiency of manganese. But as Dr. HANON was unable to give a diagnosis of the difference between these two kinds of chlorosis, we cannot but regard as empirical his method of administering manganese by itself in cases for which iron alone had produced no result.

Chemical experiments having demonstrated, as above stated, that manganese exists in the blood in clearly determined proportions, the absence of one being always attended with a proportional decrease of the other, this fact supplied a most reasonable motive for the simultaneous use of manganese and iron for all cases, in which the exhibition of the latter alone was inefficient.

The subsequent experiments of Dr. PÉTREQUIN, and after him of Drs. GENSOUL, GUBION, CONTAGNE, BONNARIC, DELORME, and many more, perfectly justified this theory, and we can assert without fear of error, that it is not only rational, but indispensable in many cases, to prescribe the ferro-manganic preparations, instead of the simple chalybeates hitherto employed.

Aware of the various requirements of the true practitioner, Mr. BURIN DU BUISSON has endeavored to supply the ferro-manganic preparations in the most various and most appropriate forms, without making any mystery of his process, which he has communicated to the scientific world, by publishing an account of his labors.

We will here briefly recapitulate the names of Mr. BURIN DU BUISSON's different preparations, which meet the most diversified demands of therapeutics, and are equally easy and agreeable to take. They are:

- 1st. An effervescent ferro-manganic powder.
- 2d. Carbonate of iron and manganese pills.
- 3d. Lactate of iron and manganese lozenges.
- 4th. Lactate of iron and manganese syrup.
- 5th. Iodide of iron and manganese syrup.
- 6th. Iodide of iron and manganese pills.
- 7th. Manganic iron reduced by hydrogen.

All these medicines are used in cases for which iron and iodide of iron were formerly employed alone.

Thus, according to Dr. PÉTREQUIN, in all cases of chlorosis occurring in young females at the age of puberty, as also in women who have reached the critical period, in passive hemorrhages, in certain cases of cachexia resulting from long intermittent fevers; morbid appearances in the heart and lungs, palpitations accompanied with giddiness and dyspnoea, with obstinate cough and disease of the lungs, yield to the excellent effects of the ferro-manganic preparations, aided by sedatives, such as fox-glove, cherry-laurel water, morphine, belladonna, etc., and far more speedily than by the use of those remedies alone.

In all cases the ferro-manganic preparations are unequalled for rapidity of effect, and permanence of cure,—results so rarely secured by simple chalybeates.

Dr. PÉTREQUIN always begins his treatment with the effervescent ferro-manganic powder, and at the same time prescribes two of the pills daily; these last being subsequently replaced by the lozenges, in order to avoid fatiguing the digestive organs. The ferro-manganic syrup generally completes the treatment.

All these medicines are administered at such times of the day as are most favorable to their digestion and assimilation. For instance, the pills and lozenges before meals—one before each. The ferro-manganic powder is best taken in a little wine; the syrup before breakfast, in doses of one or two tablespoonfuls.

#### The Faculty of Language.

In the British Association for the Advancement of Science three papers were read upon the Seat of the Faculty of Articulate Language; viz:

1. Dr. HUGHINGS JACKSON argued for two forms of healthy language—intellectual and emotional—inseparable in health, yet made evident by disease; in which emotional language, as variations of voice, smiles, and gesticulations, was usually conserved; while intellectual language, as manifested in words, writing, and sign-making, was lost. The author maintained that the left side of the brain was the leading side, the right the automatic. He did not think with Dr. Moxon that only the left side of the brain was educated; neither did he think that the disease of the left side only would prevent a patient from getting out words when a forcible circumstance outside himself was in very special relation with the process for these words; for although, in

cases of involuntary ejaculation, there was no prompting by the will, the occasional utterances were developed with more or less appropriateness. Dr. JACKSON referred to the fact that aphasics often retained the power of utterance of one word or one sentence, and suggested that the stock phrase or word was probably the leading sensori-motor process when the brain was suddenly damaged. He detailed two cases in support of this view. Dr. JACKSON did not attempt to localize language in any limited spot. Destruction of parts of the hemisphere at a distance from the motor tract need produce no obvious mental symptoms; while destruction near the left corpus striatum would cause defects of intellectual expression. The quantity of the defect depended generally on the quantity of destruction of tissue, and on the nearness of that destruction to the corpus striatum.

2. M. PAUL BROCA demonstrated, by means of a diagram and plaster of Paris casts, his view of localization of articulate language in the third frontal convolution of the left side, and argued for the corpus striatum as merely the medium of connection. Professor BROCA supported his view on many observations of which these traumatic or accidental cases were particularly confirmatory. One of these he cited, in which a pistol-ball lodged in the third convolution alone, without further damage; and in this case articulate speech alone was lost, while no other mental faculty was affected. The author held that, as education was almost confined to the right side, which took the initiative and directed the left, so articulate language, with the other results of education, assumed its seat in the left side of the brain. He argued for an original organic force which determined the left side of the brain rather than the right. Professor BROCA further proposed the adoption of more precise terminology for expressing the various forms of defective speech. The words he suggested were: *alogia*, loss of speech from defective intelligence; *amnesia*, from defective memory of words; *aphemia*, from a defect in the special faculty of language; and *alalia*, from defective articulation.

3. Mr. DUNN argued for the dependence of utterance upon the corpus striatum, "the point of emission of the orders of the 'will' to the muscles."

In the discussion which followed the reading of the papers,

Dr. BATEMAN stated that he had examined twenty-seven cases of aphemia, and in five only was the cerebral lesion limited to the third frontal

convolution or its immediate neighborhood, and in five there was no lesion at all.

Dr. HUMPHRY was inclined to regard the brain as a whole, and its functions as spread over the whole, rather than that any one should be confined within exact and definite limits. He related a curious case, in which the patient so contradicted every expression the moment it was uttered, that it was absolutely impossible to arrive at any conclusion.

Dr. J. THOMPSON DICKSON supported Professor BROCA's view, but extending the localization to in and near the third and frontal convolution. He argued for Dr. MOXON's theory of education APHASICS, on recovery, learnt a new vocabulary, much in the same manner as a child learned to speak. In this process, the right side of the brain became educated; and, should left hemiplegia and aphasia follow, articulate speech was altogether irrecoverably lost. He maintained that the few words which an aphasic often had left were due to impressions in cells left intact, rather than to the last idea in the mind when the attack occurred.

Dr. CRISP and some others argued for habit as determining the right rather than the left side.

M. BROCA strongly maintained his argument of an original organic force.

The discussion was very spirited; Professors BÉHIER, VOGT, and HEYNSSIU taking part in it.

#### Pressure in the Treatment of Gonorrhoeal and Purulent Ophthalmia.

Surgeon J. S. HILDRETH, U. S. N., who was in charge of the U. S. Army Eye and Ear Hospital at Chicago, Illinois, read a valuable essay before the American Ophthalmological Society in 1865, on sixteen cases of ophthalmia, purulent and gonorrhoeal, treated by pressure, with satisfactory results. As the precise method in which pressure is applied, is of considerable importance, we reproduce a portion of his essay:

"What I mean by the use of pressure in the treatment of such cases, is not the application of lint, wet or dry, over the lids with moderate compression, but a firm, hard, continued pressure upon all parts of the contents of the orbit, especially the anterior. This I effect in the following manner:

"The lids being closed, the orbit is to be packed, as it were, by means of charpie or picked lint, (scraped lint or cotton wool is not so serviceable,) in such a manner that all parts about the eye, within the orbit, the anterior hemisphere of the globe, and especially the conjunctiva, shall be acted on.

"Care must be taken to fill the grand angle,

and to have the charpie evenly and regularly disposed *about*, as well as over the globe.

"Quite a large bunch should be used for each eye, not only to ensure evenness of pressure, but to absorb the purulent discharge. This being done, compression is made by means of a bandage, or better, a firm elastic band of rubber braid, not less than two inches in width, passing around the head. It should be slowly and regularly increased until the pain, if any there be in the parts affected, is greatly diminished or controlled, if practicable.

"In other words, pressure is applied to the eye and surrounding parts within the margin of the orbit to a degree sufficient to so control the circulation as to prevent the destructive tendency of the disease, but not to interfere with proper nutrition. This must, of course, vary with the peculiarities of each case.

"But the principle of employing as constantly as possible, firm, hard, even, and continued pressure from the *earliest moment practicable* until the *close of all acute symptoms*, is not to be lost sight of for a moment. The anatomy of the orbit, the mechanism of the lids, and the cushion of adipose tissue posterior to the globe, render this not only possible, but easy.

"I have in no instance resorted to it in purulent or gonorrhœal affections of the eye during the acute stages, even after the organ has been irretrievably lost, without greatly diminishing the discharge in a short time, and very materially adding to the patient's comfort in reducing the pain, and modifying subsequent and present staphyloma, as occurred in cases numbered 4, 5, 6, 7, 8, and 12.

"While the purulent discharge is abundant, the dressing should be renewed twice during every twenty-four hours. Dry charpie is to be preferred, though moist will answer; yet it is not so elastic.

"The utility of scarifications, deep, circular, or radiated, of the chemosis is too well known to be dwelt upon here.

"For local application I rely mainly upon bromide of ammonium, atropia, and nitrate of silver. In sthenic cases I prefer the bromide of ammonium dissolved in glycerine—forty to sixty grains to an ounce of pure glycerine—which is applied twice daily to the conjunctiva, ocular and palpebral, by means of a camel's hair brush.\* It may

be employed oftener in some cases, but this will be found, as a general rule, sufficient. Under its influence, purulent, and especially gonorrhœal ophthalmia, appears to become rapidly modified, as I have frequently had occasion to demonstrate. The addition of ten grains of tannin to one ounce of the solution adds somewhat to its efficacy, but this is not indispensable.

"For asthenic cases the nitrate of silver is most serviceable. I prefer to apply it gently to the mucous membrane of the lids, neutralizing any excess of the salt by proper means. Blood may or may not be taken from the lids, the chemosis, or the temple, after the use of bromide of ammonium or nitrate of silver, but this must depend on the size of the chemosis and state of the patient. Atropia will be required to dilate and so maintain the pupils.

"For general treatment in sthenic cases, I prefer muriate of ammonia in alterative doses, from three to five grains every one or two hours. Asthenic cases are benefited by muriated tincture of iron, five drops every two hours, or oftener, if the patient will bear it. Permanganate of potassa is also useful, in  $\frac{1}{4}$ -grain doses, every two or three hours. But it is evident that all general means must be adapted to the existing condition of the patient. The treatment for purulent and gonorrhœal ophthalmia may therefore be summed up as follows:

"1st. If anaesthesia of the cornea exists, or it is infiltrating, and especially if the pupil will not yield to the influence of atropia, HANCOCK's operation of division of the "ciliary ring" is indicated, care being taken to divide all its fibres from the insertion of the iris to its posterior limit.

"2d. Application of a solution of bromide of ammonium, (40 to 60 grs. to  $\frac{3}{4}$  j. pure glycerine,\*) or nitrate of silver to conjunctiva; the former to all parts of the conjunctiva, and the latter to that covering the cartilage of the lids only.

"3d. Scarification of the lids and deep incisions into the chemosis, if required, removing the blood with tepid water so long as it continues to flow.

"4th. Atropia in solution (iv. grs.—j $\frac{3}{4}$ ) sufficient to dilate the pupil.

"5th. Application of firm, hard, continued pressure, as soon as practicable, and continued to the close of acute symptoms.

"6th. Remove the dressings twice during every twenty-four hours, until the purulent discharge ceases.

"7th. Two applications daily of bromide of

\*The following will be found serviceable for gonorrhœa:

Bromide of ammonium,  $\frac{3}{4}$  ss.— $\frac{3}{4}$  j.

Tannin,  $\frac{3}{4}$  ij.

Aqua, f $\frac{3}{4}$  ij. M.

Sig. One-half ounce to be injected pro re nata.

\*Glycerine perfectly pure should be used.

ammonium, or one of nitrate of silver, will be found sufficient. Atropia may be used twice daily or oftener, but care should be taken not to continue its employ beyond *producing and maintaining moderate dilatation of the pupil.*

"8th. A constitutional treatment adapted to the condition of the patient."

**Removal of Concretion from Bladder with an Iron Ball as a Nucleus.**

The following correspondence explains itself, and will be read with interest:

SURGEON GENERAL'S OFFICE, }  
Washington, September 11, 1868. }

To the Surgeon in Charge of the Soldiers' Home, Newark, N. J.:

SIR—I have read a paragraph in the New York *Medical Gazette* of September 5th, 1868, relating to an inmate of the Soldiers' Home, who is alledged to have undergone lithotomy, on the 31st of last month, on account of a concretion of which a cast-iron ball was the nucleus.

I shall be much indebted to you for any particulars of the history of the case. In the Army Medical Museum there are five specimens of urinary concretions resulting from gun-shot wounds of the bladder. I should be gratified to add the specimen referred to, to the number, if it can be procured either by voluntary subscription or by purchase.

I am, sir, very respectfully, your ob't servant,

GEORGE A. OTIS,  
Asst. Surgeon U. S. A.,  
Curator Army Med. Museum.

NEWARK, N. J., Sept. 12, 1868.

DR. OTIS—*Dear Sir:* I am Surgeon and Commandant of the New Jersey Home for Disabled Soldiers in this place, and in the former capacity, the other day cut a soldier, named Cockcroft, for stone, with entire success, removing an iron ball incrusted with urinary salts. The missile entered the lower part of the abdomen, being probably part of the filling of a shrapnel or case-shot. The man was wounded in April, 1865, at the final attack on the works at Petersburg, Va., and did not begin to suffer from symptoms of stone until a few months past. My operation was an unusual one, being that lately recommended by FERGUSSON, and claimed to be original with him, viz., DUPUTRENN's external cut in the bilateral operation, with the deep incision the ordinary lateral. This operation I did once before—*i. e.*, in 1859, and printed an account of it in a *brochure*, which I distributed at the meeting of the

National Medical Association, at Louisville, Ky., in 1860.

The man is now walking about the wards—not having had an untoward symptom of any kind. The weight of the ball and accompanying concretion is one ounce, 23 grains, avoirdupois.

\* \* \* I propose, after exhibiting the specimen, with several other urinary calculi in my possession, before the New York Pathological Society at an early date, to present it to the Army Medical Museum, accompanied by a detailed history of the case.

Very truly, yours,

ALEX. N. DOUGHERTY,  
Brevet Colonel and late Surgeon U. S. V.,  
Commandant of N. J. Home for  
Disabled Soldiers.

Reviews and Book Notices.

NOTES ON BOOKS.

The *Medical Gazette* of New York, which for a time did not appear, owing to insufficient support, has re-commenced, under the editorship of Dr. A. L. CARROLL, and is now published by Mr. JOHN LARELL, 72 Broadway, N. Y. We wish it every success.

Our Canadian brethren have started a monthly journal of Medicine and Surgery, at Toronto, under the title, *The Dominion Medical Journal*. It is a double column royal 8vo., of 20 pages of reading matter, and is priced at \$2.00 (gold) per annum. Its leading editorial is a Jeremiad on the social and intellectual condition of the profession in the "Dominion," and the appointment of a Board of Examiners is recommended. We are glad to see that it takes in hand thus at the outset, a subject which Heaven knows needs attention. But we give the gratuitous advice to Dr. LLEWELLYN BROCK, the editor, and to whomsoever else it may concern, that they will never gain the position and respect they aspire to as a body, so long as they advertise and editorially puff the "Philadelphia University of Medicine and Surgery," and such like humbug "Eclectic" institutions, or so long as they recognize the "National Medical Association," with its travelling, advertising, self-praising members.

The *Physician and Pharmacist* is a monthly quarto, containing a large number of well selected articles, on therapeutics and pharmacy, published by REED, CARNICK & ANDREWS, of New York city. It will be supplied to subscribers of the *REPORTER* for fifty cents a year.

## Medical and Surgical Reporter.

PHILADELPHIA, SEPTEMBER 26, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

**AS** Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

**AS** To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

### THE GETTYSBURG WATER.

The present season, without being considered sickly, presents, as usual, a large number of invalids, not only among the many who stay at home, but, also, among those who are returning from what is called a pleasure trip. Dyspepsia, bilious disorders, rheumatic and neuralgic pains, and debility figure on the list of their afflictions, for the relief from which some fall back on the use of their favorite pill, or tincture, or elixir. Others, somewhat wiser, will continue to drink the water of the mineral spring, at which they had been staying, with the drawbacks incident to the changes which it undergoes by transportation and the new circumstances under which it is placed. There is one mineral water, the Gettysburg, of which most extensive use has been made of late in some of our chief cities as well as in the interior,—thus realizing the expectations raised by the communications of Dr. BELL in the pages of the REPORTER. It is, indeed, an unusual thing in the histories of mineral waters to find one, like the Gettysburg, that is pure, limpid, devoid of any peculiar taste or smell, and undergoing no change by removal from its source, and yet possessed of medicinal properties of a high order. Cooled in a refrigerator or by the addition of a little ice it is a pleasant and refreshing beverage, at the same time that it is a vehicle for introducing into the system its various saline mineral ingredients, which are thus carried to every organ and

permeate every tissue for the purposes of renewal and reconstruction.

It is not necessary for us to report what has been previously said in our pages of the composition of the Gettysburg water and of the diseases which it has cured, as well as of those in which, from analogy, it will probably prove serviceable. As a mild alkaline water it is found to be adapted to dyspepsia with its numerous sequences and complications, including disorder of the liver and kidneys, and the remote effects of imperfect assimilation, as exhibited in gout, chronic rheumatism, neuralgia, and an impoverished state of the blood, or anemia. Our readers will doubtless remember those extraordinary cases of gouty concretions on the joints, erroneously called chalk-stones, which on reliable testimony have disappeared after the somewhat protracted use of the Gettysburg water.

## Notes and Comments.

### The Craig Microscope.

We have received from Mr. GEORGE MEAD, of Racine, Wisconsin, one of his *Craig Microscopes*, which is certainly a wonderful little instrument, considering its high magnifying power, simplicity, and very low price. It is calculated to be a source of instruction and amusement in the family, and will be found equal to many of the wants of the physician, in the examination of the solids and fluids of the body. The instrument has but one lens, and therefore requires no adjustment of focus. The lens is mounted in a hard rubber disc, at the upper end of a brass tube, which is provided with a mirror, as is usual in microscopes, to reflect light on the object, the light passing through a perforated diaphragm to intercept straggling rays. In fact this is a neat, substantial instrument, and will be found useful in every family. It can be safely used by children, without danger of injury. It has a magnifying power of 10,000 diameters.

### Human Bites versus Dog-bites.

We were much amused, says the *British Medical Journal*, not to say surprised, on looking over the out-patient accident books of the various London hospitals for two months, to find 124 "bites" of different kinds entered; 18 were attributed to men or women, which number was

in excess of any other animal, with the exception of dogs, who were accused of inflicting the large number of 85. Horse-bites numbered 12; cat-bites, 5; the monkey and donkey being accused of one each. The two remaining were simply entered as "bites." We certainly have no reason to be proud of our exalted position.

**On Auscultation of the Oesophagus.**

DR. HAMBURGER, in an elaborate article on Auscultation of the Oesophagus as a Means of Diagnosis, gives the following description of the sounds heard in the healthy condition. When the stethoscope is placed over the hyoid bone of a healthy man whilst he is swallowing some water, a loud gurgling sound is heard in the pharynx, accompanied with a sensation as if the water were forcibly driven through the stethoscope to the ear of the auscultator. This circumstance is to be explained in the following manner. During deglutition the communicating openings into the pharynx are closed to the passage of air, above by the velum palati, below by the epiglottis. The water is now driven into the pharyngeal cavity by the muscles of the mouth and tongue, so that the anterior opening of the pharynx is also closed. There is then a cavity filled with air and water, none of which can pass away in any direction save by the very narrow oesophageal tube. The pharynx is now contracted by the action of the levator and constrictor muscles, and the air and water are rapidly compressed and mixed together with force; hence the loud clear gurgling sound, with a metallic noise, which is carried by the stethoscope to the ear of the examiner. On auscultation the oesophagus from the level of the cricoid cartilage downward to the eighth rib, one may hear, whilst the subject is swallowing, a sound as if a small, but firm, spindle-shaped body, grasped by the oesophagus in an annular manner, was rapidly and noisily driven downward.—*Medizinische Jahrbücher.*

**Aqua Calcis as a Diuretic.**

DR. KÜCHENMEISTER, in the *Zeitschrift für Praktische Heilkunde*, recommends the aqua calcis as a diuretic in acute BRIGHT's disease and general anasarca. He was led to these experiments by the power possessed by this substance to dissolve protein compounds. The dose at the commencement was one to two drachms to three or four ounces of water, of which, every three hours, a tablespoonful was taken. The next day the urine increased from one ounce to four, on the second day to six, on the third to ten, on the

fourth to fourteen, on the fifth to twenty-three, on the sixth to twenty-seven, and on the seventh to thirty-four ounces. The albumen steadily decreased, while the fibrin cylinders constantly increased. It is recommended that the attempt be continued.

**Resignation of Prof. Nélaton.**

A writer in *L'Union Médicale*, speaking of NÉLATON's elevation to the rank of senator, hints that his retirement from practice may not be compulsory. For the last two or three years, he says, NÉLATON has been gradually withdrawing himself from practice; and a year ago he voluntarily resigned his professorship. This action on the part of NÉLATON he attributes to the fact that that eminent surgeon, like many other men advancing in age, is obliged to use glasses to aid his vision; and that he—very conscientiously—dislikes being obliged to use artificial aids to sight while operating. "A professor of clinical surgery," NÉLATON is reported to have often said, "ought to be able to operate without the help of glasses," and, as he was obliged to have recourse to their aid, he resigned his professorship.

**Brain-work.**

The *Gentleman's Magazine* speaks thus of the overstraining of the nervous system:—"This excessive tension at which the mental faculties are kept for ten or eleven months of the year, in the vortex of City life, by the never-ending competition and struggle for pre-eminence in social and professional status, to which all who live by their wits or their talents are now subjected, produces a wear and tear of body and of mind, the ultimate result and acme of which are premature old age. Its marks are easily discerned by the attentive observer. You may read them in the care-worn countenance, in the hair prematurely grey, in the lank and stooping figure, in the languid and feeble gait; and the physician also detects it in the habitual dyspepsia, in the disordered circulation, and in the degenerated and worn-out heart. The failing memory, the inability to fix the attention long upon any subject; and the irascible or desponding temper, mark the equal decadence of the mental *pari passu* with that of the physical powers."

[~~1868~~ Readers of the *REPORTER* are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."]

## Correction.

In the Report of the Obstetrical Society of Boston, in the REPORTER for Aug. 29th, 1868, the cases and suggestions as to treatment of spontaneous evolution, are attributed to Dr. SAMUEL MORRILL. The Secretary of the Society has informed us that the paper in question is the sole work of Dr. CHARLES G. PUTNAM, President of the Society. Dr. PUTNAM only cited a case of Dr. M.'s, to which he had been called in consultation.

## Correspondence.

## DOMESTIC.

## The Merritt Case.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

I was highly gratified with your criticism on the famous "Merritt Case," which, from the good sense it contains, will commend itself to every candid reader.

Being identified somewhat with that case, I wish to make a few observations regarding it. The insinuations of certain newspapers as to a physician being bribed, I consider very harmless individually, on account of the whole matter being so well and clearly understood by the community to which I belong, and so have let it pass unheeded.

But as you allude to it as being, in a general manner, pointed against the medical profession, I feel it my duty briefly to state *how* and *why* the certificate was granted.

It was given by me conscientiously and unhesitatingly, without the least stipulation, promise, or hope of reward.

It was given at the request of Hon. E. L. PRICE, the brother of Mrs. MERRITT, who, jointly with Ex-Gov. PRICE, (another brother,) I believe was actuated only by feelings of the kindest and most affectionate regard for his sister's good.

It was given on the conviction that in so doing I was performing a charitable duty toward Mrs. MERRITT herself on the one side, and toward her relations and all *her real friends* on the other side.

It is not proper or incumbent on me at present to particularize the facts in the case which led me to form my judgment; but as the *victim* has been residing in our immediate vicinity over two years, and her general conduct, both in word and deed, had made her unfortunately conspicuous and notorious, I think I had a good basis for my opinion.

I was astonished at her sudden release, and agree with you, that three weeks constitute a "brief opportunity for observation." It is a

well known fact, that not unfrequently insane persons designedly conceal their malady for the purpose of accomplishing some object they have in view, and by their "systematic correctness," will deceive the learned and expert. So it is necessary that the scrutiny should be close, and observations continued for a considerable period.

Apropos to this, let me allude to a recent case as illustrating the danger of the hasty liberation of persons committed to the charge of insane asylums. About the same time that Mrs. MERRITT was taken to the Asylum, Mr. DAVID ACKERMAN, of Ridgewood, Bergen co., N. J., was sent to the same institution; he was afterward set free, and since his return home has committed suicide by hanging. I do not know the period of his confinement, but am certain it must have been brief.

In conclusion, I would refer all who may be interested in this case, to the editorial of MEDICAL AND SURGICAL REPORTER of Feb. 1st, 1868, entitled *Dipsomania*, hoping they may find "views" there held forth which will "enlighten" them.

A. S. ZABRISKIE, M. D.

Suffern, N. Y., Sept. 16th, 1868.

## A Case of Traumatic Tetanus Cured.

EDITORS MEDICAL AND SURGICAL REPORTER:

Sunday evening, Sept. 6th, 1868, I was called to see Eli Y., a young man aged 20 years, a farmer by occupation, laboring under the symptoms of tetanus, the result of a wound of the left heel.

About ten days previous he cut the bottom of his heel with the corner of a plowshare. The wound being slight at first, apparently healed without any difficulty. But in the course of about eight or ten days after the injury was received, suppuration commenced in the foot, with excruciating pain, increasing in severity till symptoms of tetanus made their appearance, when I was sent for. On arriving at the house I found the patient laboring under spasmoid action of the whole muscular system, with rigidity of the masseter muscles so great, that his jaws were so firmly closed that it was with the greatest difficulty that I was enabled to introduce the point of a teaspoon between his teeth for the purpose of administering medicine in the form of anodynes. There were also symptoms of opisthotonus at intervals. The closure of the maxillaries continued about twelve hours, when they began to relax, and the patient was able to move his inferior maxillary slightly, and to speak a word or two at a time. Any noise or sound would still produce tetanic spasms. The treatment consisted in a free incision with a bistoury

of the injured heel, with the discharge of a small quantity of sanguous pus, and the application of large poultices, with the administration of morphia, sulphur in large doses, at intervals of half an hour, until about 2½ or 3 grains were given, when the spasmodic twitchings began to subside, and about midnight the patient fell into a quiet sleep, and slept about four hours. On visiting him next morning at 9 o'clock, I found him somewhat improved, being able to speak, and take some nourishment. I prescribed a purgative of hydr. chlorid. mite and jalap, which operated during the day. The patient continued to improve, still taking some nourishment in the form of chicken broth and gruel occasionally, and in four or five days the wound had almost ceased to suppurate, and he was free from pain, and was able to move about the room; and in five days afterward the patient called to see me at my office, in perfect health.

A. M. MILLER, M. D.

*Enterprise, Lancaster co., Pa.*

Bite of a Serpent.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

A case of poisoned wound caused by the bite of a snake, known here as the Copperhead Moccasin, may interest the readers of the REPORTER. The subject was a farmer's son, a lad of twelve years old, and, at the time, during the month of July at work in the harvest field binding wheat sheaves. He was struck by the snake on the right index finger. The seat of injury presented a dark blood-spot, swelling of the soft parts above the wrist, attended by excruciating pain, and great terror. A tourniquet was promptly applied to the arm above the elbow, and a strong mixture of ammonia and whisky given every five minutes,—alternated with new milk. The wound was freely cauterized with argentum nitrata, and poulticed. The patient slept none during the night from excessive suffering, which resisted powerful opiates and alcoholic stimulants. The following day a line of tincture of iodine was drawn around the arm at the margin of the swelling, which now extended in dark livid patches to the axilla. The inhalation of chloric ether somewhat relieved the pain and induced a little sleep. The soft parts became gangrenous near the wounds, and sloughed leaving the tendons and bone of the injured finger nude—there was constant nausea,—palor of the face and loss of appetite. At the present time, more than two months after the accident, the patient has recovered, with his finger bent toward the palm of

the hand, and useless. My friend, Surgeon A. K. SMITH, U. S. A., recommends amputation.

The poison of venomous animals of the snake kind come under the head of septic or putrescent poisons, which if absorbed cause such a derangement in the animal economy as to produce disease. The snake is "cursed above all cattle," and does indeed bruise the "heel of man" to a most fearful extent. As there is in nearly all the toxic diseases of this class, a natural tendency to the self elimination of the poison, the "vis medicatrix naturæ" may be aided by the surgeon promoting this result by powerful stimulation, local cauterization and ether. In this instance, the constitutional disturbance was so great as to disturb the general health, and demand resort to quinine and even cod liver oil.

Death from Winslow's Soothing Syrup.

EDDORS MED. AND SURG. REPORTER:

Whilst I agree with Dr. C., and would heartily second the suggestions of the Eddrs., viz., "prohibiting the sale of Winslow's Soothing Syrup by law, as dangerous and destructive of life," yet I cannot help condemning Dr. C's treatment, in toto as far as he speaks, of having ordered gr. j. of Dover's powder, to be taken every three hours, by an infant aged nine months. Why does the Dr. find fault with parents who give a nostrum to their infants of whose contents he confesses himself ignorant? and why, since he "believes the syrup occasioned the death," "and the case a veritable one of poisoning by opium," does the Dr. venture to order gr. 4-5 solid opium to an infant in 24 hours? Does the Dr. think that six teaspoonsfuls of the syrup contained more opium than what he ordered? I unhesitatingly confess that I believe no such thing, else the soothing syrup would kill a hundred infants where it now kills one. I am opposed to giving Winslow's Soothing Syrup to infants, and warn all my patrons not to touch the thing if they do not wish to kill their tender offspring, but then my practice is consistent with my profession and instruction. I do not prescribe opium to an infant in any shape or form whatsoever, holding that the proper dose of this drug for an infant is *none at all*. When will doctors learn this, to infant's lives, important truth?

Two striking cases came under my observation recently. Two infants turning three months old, were taken with diarrhoea, and had swallowed Dover's powder in gr. 1-4 doses, which drove the disease to the brain, nay, caused a much severer and much more fatal disease—congestion of the brain, which killed one of the poor little ones in